

## **Application Data Sheet**

### **Application Information**

Application number::	Not Yet Assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Neuronal Regeneration And Compound Administration Methods
Attorney Docket Number::	30750
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	22
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Michael  
Family Name:: Fainzilber  
City of Residence:: Rechovot  
Country of Residence:: Israel  
Street of mailing address:: 4 Michael Cohen Street  
City of mailing address:: Rechovot  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 76424

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Shlomit  
Family Name:: Hanz  
City of Residence:: Petach Tikva  
Country of Residence:: Israel  
Street of mailing address:: 14 Kitrony Street  
City of mailing address:: Petach Tikva  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 49390

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Israel  
 Status:: Full Capacity  
 Given Name:: Eran  
 Family Name:: Perlson  
 City of Residence:: Givat Shmuel  
 Country of Residence:: Israel  
 Street of mailing address:: 5a Oranim Street  
 Ramat-Ilan  
 City of mailing address:: Givat Shmuel  
 Country of mailing address:: Israel  
 Postal or Zip Code of mailing address:: 54052

### Correspondence Information

Name:: Martin Moynihan  
 Street of mailing address:: PRTSI, Inc.  
 P.O. Box 16446  
 City of mailing address:: Arlington  
 State or Province of mailing address:: VA  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 22215  
 Phone number:: (703) 598-7851  
 Fax Number:: (703) 415-4864

### Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	40,338	Martin Moynihan

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IL2004/000492	06/09/04
This application	An application claiming the benefit under 35 USC 119(e)	60/476,912	06/09/03

[This application has no foreign priority claims]